

**Mid Region Council of Governments
Funding Application
FTA Section 5317
New Freedom Initiative**

FFY 2008 - Oct. 1, 2007 to Sept. 30, 2008

I. Applicant Information

Organization:	
Contact Person and Title:	
Mailing Address:	
City, State, ZIP:	
Physical Location:	
Phone and Cell Number:	
FAX Number:	
E-mail Address: (Required)	
Organization type: (circle one)	<p>a. Private non-profit organization;</p> <p>b. State or local governmental authority; and</p> <p>c. Operators of public transportation services, including private operators of public transportation services.</p>
Governing Authorized Signature and Date Signed:	
Please Print Name and Title:	

II. Project Description and Justification

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Select all that apply:

<input type="checkbox"/>	Purchasing vehicles and supporting accessible taxi, ride-sharing, or vanpooling program
<input type="checkbox"/>	Providing Para transit services beyond minimum requirements (3/4 mile to either side of a fixed route), including for routes that run seasonally
<input type="checkbox"/>	Making accessibility improvements to transit and intermodal stations not designated as key stations
<input type="checkbox"/>	Supporting voucher programs for transportation services offered by human service providers
<input type="checkbox"/>	Supporting volunteer driver and aide programs
<input type="checkbox"/>	Supporting mobility management and coordination programs among public transportation providers and other human service agencies that provide transportation
<input type="checkbox"/>	Other

- A. Please attach an essay (no longer than five pages) explaining in detail the need for this program.
- B. Please include any changes or expansions in your current program if applicable and tie them to your request.

III. Summary of Funding Request

Please enter the dollar amount of **your application request (Capital and Operating)** in the appropriate column below.

	Total	Federal Share	Local Share
Operating (50/50)			
*Capital (80/20)			
TOTAL			

*If funded and proposing to purchase capital, the Mid Region Council of Governments will work with the Sub-recipient on purchasing arrangements.

Source and amount of local share funds:

IV. Financial Information

CAPITAL BUDGET**NOTE: Item description must be specific to be considered for funding****CAPITAL COSTS**

Item Description	Quantity	Cost per unit	FY08 BUDGET	FY09 PROJECTED BUDGET
TOTAL COSTS				**

LOCAL SHARE SOURCES (specify)

TOTAL LOCAL SHARE (20%)				**

FEDERAL SHARE (80%)				**
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**** This number should match the number entered in Section III, "Summary of Request."**

Why do you need this equipment (check all that applies)?

<input type="checkbox"/>	Replace existing vehicle(s) (LIST VIN, TYPE, MILEAGE, AND AGE OF EACH VEHICLE)
<input type="checkbox"/>	Establish service to new area
<input type="checkbox"/>	Add wheelchair capacity to existing vehicles
<input type="checkbox"/>	Increase number of vehicles available for demand responsive service
<input type="checkbox"/>	Decrease vehicle size for service
<input type="checkbox"/>	Increase vehicle size for service
<input type="checkbox"/>	Improve passenger access to service
<input type="checkbox"/>	Other

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Description of how these purchased capital items will be used:

OPERATING BUDGET

Please attach justification, to this section, for any line item increases of 20% or greater for FY09
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Item Description	FY08 BUDGET	FY09 PROJECTED BUDGET
2-01-00 Salaries and Wages		
2-02-00 Fringe Benefits		
2-03-00 Communications		
2-04-00 Contractual Services		
2-05-00 Equipment		
2-06-00 Occupancy Costs		

(Operating Continued)

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2-07-00 Personnel Costs		
2-08-00 Supplies		
2-09-00 Training		
2-10-00 Travel		
2-11-00 Vehicle Costs		
2-12-00 Indirect Costs		
TOTAL ELIGIBLE COSTS		
Fare Box Revenues (only fare box revenues reduced from Operating)		
TOTAL REVENUES		

NET OPERATING COSTS (total Operating less fare box revenues)		**
LOCAL SHARE TOTAL (50%)		**

FEDERAL SHARE (50%)		**
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NOTE: ** This number should match the number entered in Section III, "Summary of Request."

Description of utilization of requested operating funds:

Please provide and check item that applies to your organization:

_____ **Copy of Articles of Incorporation**

_____ **Copy of 501(c)3 Certification**

_____ **Support letter from applicable Board/Council**

_____ **Copy of most current audit (transportation/transit portion if applicable)**

V. Current Transit Service Provision

<input type="checkbox"/>	5311 – General Public Transit
<input type="checkbox"/>	5310 – Specialized Transit for the Elderly and Disabled
<input type="checkbox"/>	Other (Please Specify):
<input type="checkbox"/>	None

VI. Description of Service Area

Please list all the municipalities and counties served by this New Freedom program:

Please provide a map showing where the eligible provision of New Freedom service will occur
(on 8 1/2 X 11 page)

VII. Legal Actions and Compliance Reviews

- A. Please provide a list of any active law suits or complaints naming your organization/agency with alleged discrimination on the basis of race, color, sexual preference, or national origin with respect to service or other transit benefits. If there have not been any lawsuits or complaints, please respond “NONE.”
- B. Also provide a summary of all civil rights compliance review activities conducted during the last three (3) years. The summary shall include:
 - 1. Purpose or reason for review;
 - 2. Name of organization performing the review;
 - 3. Summary of findings and recommendations of the review; and
 - 4. Report on the findings and recommendations of the review.

VIII. Project Coordination

Please describe how your project and/or services tie to the Coordinated Transportation Plan for the Mid Region Council of Governments’ Area.

(Please Note: Depending on the type of project funded additional Public Hearings may be required by SAFETEA-LU, 49 U.S.C. 5323(b) and the National Environmental Policy Act (NEPA) and it’s implementing regulations.)

IX. Checklist

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THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION. SHOULD ANY OF THESE ITEMS BE MISSING OR INCOMPLETE, THE APPLICATION MAY BE REJECTED BY THE MID REGION COUNCIL OF GOVERNMENTS. IF ANY OF THESE ITEMS DO NOT APPLY TO YOUR ORGANIZATION, PLACE A N/A IN THE BOX. THIS CHECKLIST MUST BE SUBMITTED WITH THE APPLICATION. DO NOT LEAVE ANY ITEMS BLANK.

I	Applicant Information (signed)	
II	Project Description and Justification	
III	Summary of Funding Request	
IV	Financial Information	
	-Capital Budget	
	- Operating Budget	
	- Copy of Articles of Incorporation	
	- Copy of 501(c)3 Certification	
	- Support letter from applicable Board/Council	
	- Copy of most current audit (transportation/transit portion only if applicable)	
V	Current Transit Service Provision	
VI	Description of Service Area	
	- Map of Service Area (on 8 ½ X 11 page)	
VII	Legal Action and Compliance Reviews	
VIII	Project Coordination	
IX	Checklist	

MAIL ONE APPLICATION WITH ORIGINAL SIGNATURE AND TWO ADDITIONAL COPIES POSTMARKED NO LATER THAN OCTOBER 22, 2007.

APPLICATIONS POSTMARKED AFTER THIS DATE WILL NOT BE CONSIDERED. APPLICATIONS MAY ALSO BE HAND DELIVERED TO THE MID REGION COUNCIL OF GOVERNMENTS, 809 COPPER NW, ALBUQUERQUE, NEW MEXICO 87102.

FAX AND E-MAIL COPIES OF YOUR APPLICATION ARE NOT ACCEPTABLE.

Please be aware that if your application is selected for funding, you will be required to submit signed copies of the FTA Certifications and Assurances and the FTA Civil Rights Reporting Form.